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## APPLICANTS

Katherine S. Tweden, Mahtomedi, MN;

Michael Schollmeyer, Maple Grove, MN;

\*\* CONTINUING DATA \*\*\*\*\* *wong*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *wong*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

22852  
 FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER  
 LLP  
 1300 I STREET, NW  
 WASHINGTON, DC  
 20005

## TITLE

Cardiac implant and methods

FILING FEE  RECEIVED 597	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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